

**WISCONSIN STATUTORY
POWER OF ATTORNEY FOR
FINANCES AND PROPERTY
IMPORTANT INFORMATION**

This Power of Attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes.

This Power of Attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the Power of Attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the special instructions. Co-agents are not required to act together unless you include that requirement in the special instructions.

If your agent is unable or unwilling to act for you, your Power of Attorney will end unless you have named a successor agent. You may also name a 2nd successor agent.

This Power of Attorney becomes effective immediately unless you state otherwise in the special instructions. This Power of Attorney does not revoke any Power of Attorney executed previously unless you so provide in the special instructions.

If you revoke this Power of Attorney, you should notify your agent and any other person to whom you have given a copy. If your agent is your spouse or domestic partner and your marriage is annulled or you are divorced or legally separated or the domestic partnership is terminated after signing this document, the document is invalid.

If you have questions about the Power of Attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

Recording Area ↑

Name and Return Address

Parcel Identification Number (if any)



DESIGNATION OF AGENT

I, Matthew Keirans (name of principal), name the following person as my agent:

Name of agent: Nancy Zimmer

Agent's address: [REDACTED] Hartford CT [REDACTED]

Agent's telephone number: [REDACTED]

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _____

Successor agent's address: _____

Successor agent's telephone number: _____

If my successor agent is unable or unwilling to act for me, I name as my 2nd successor agent:

Name of 2nd successor agent: _____

Second successor agent's address: _____

Second successor agent's telephone number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined (see Appendix) in the Uniform Power of Attorney for Finances and Property Act in chapter 244 of the Wisconsin statutes:

(INITIAL each subject you want to include in the agent's general authority.)

<u>MB</u>	Real property
<u>MB</u>	Tangible personal property
<u>MB</u>	Digital property
<u>MB</u>	Stocks and bonds
<u>MB</u>	Commodities and options
<u>MB</u>	Banks and other financial institutions
<u>MB</u>	Operation of entity or business
<u>MB</u>	Insurance and annuities
<u>MB</u>	Estates, trusts, and other beneficial interests
<u>MB</u>	Claims and litigation
<u>MB</u>	Personal and family maintenance
<u>MB</u>	Benefits from governmental programs or civil or military service
<u>MB</u>	Retirement plans
<u>MB</u>	Taxes

LIMITATION ON AGENT'S AUTHORITY

An agent who is not my spouse or domestic partner MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions in the following space

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for guardian of my estate: _____

Nominee's address: _____

Nominee's telephone number: _____

Name of nominee for guardian of my person: _____

Nominee's address: _____

Nominee's telephone number: _____

RELIANCE ON THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power of attorney has been terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Your signature Matthew D Keirans Date 9-10-23

Your name printed Matthew D Keirans

Your address: Bremer County Jail - 111 4th ST NE Waverly IA 50677

Your telephone number: N/A

State of: Iowa County of: Bremer

This document was acknowledged before me on

Date 09/10/2023 by name of principal Matthew Keirans

(Seal, if any)



Signature of notary Brett Wheeler

Name of notary (typed or printed) Brett Wheeler

My commission expires: 02/06/2024

This document prepared by: Matthew Keirans